

WEEKLY STORAGE TANK SYSTEM INSPECTION CHECKLIST													
Tank ID:		Location:		Tank Size:		Content:							
Item	Task	DATE 1			DATE 2			DATE 3			DATE 4		
		Inspector _____			Inspector _____			Inspector _____			Inspector _____		
<b>1.0 Tank Containment</b>													
1.1 Containment Structure	Check for water, debris, cracks or fire hazard	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1.2 Primary Tank	Check for water	N/A			N/A			N/A			N/A		
1.3 Containment drain valves	Operable and in a closed position	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
1.4 Pathways and Entry	Clear and gates/ doors operable	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
<b>2.0 Leak Detection</b>													
2.1 Tank	Visible signs of leakage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
2.2 Secondary Containment	Rainwater present in containment	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
	Visible signs of leakage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
	Sheen or Product?	<input type="checkbox"/> Sheen	<input type="checkbox"/> Product		<input type="checkbox"/> Sheen	<input type="checkbox"/> Product		<input type="checkbox"/> Sheen	<input type="checkbox"/> Product		<input type="checkbox"/> Sheen	<input type="checkbox"/> Product	
	Treatment employed (describe in comments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Containment drained	Time Opened: _____ Time Closed: _____			Time Opened: _____ Time Closed: _____			Time Opened: _____ Time Closed: _____			Time Opened: _____ Time Closed: _____		
2.3 Surrounding Soil	Visible signs of leakage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.4 Interstice	Visible signs of leakage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>3.0 Tank Equipment</b>													
3.1 Valves	a. Check for leaks	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	b. Tank drain valves must be kept locked	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.2 Spill Containment boxes on fill pipe	a. Inspect for debris residue, and water in box and remove.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	b. Drain valves must be operable and closed.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.3 Liquid level equipment	a. Both visual and mechanical devices must inspected for physical damage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
	b. Check that the device is easily readable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
3.4 Overfill Equipment	a. If equipped with a "test" button, activate the audible horn or light to confirm operation. This could be battery powered. Replace the battery if needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
	b. If overfill valve is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
3.5 Piping Connections.	Check for leaks, corrosion and damage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
<b>4.0 Tank Attachments and Appurtenances</b>													
4.1 Ladder and Platform Structure	Secure with no sign of severe corrosion or damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
<b>5.0 Other Conditions</b>													
5.1 Are there other conditions that should be addressed for the continued safe operation or that may affect the site spill prevention plan?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
* Designates an item in non-conformance/unsatisfactory status; provide action in comment section to resolve problem and notify Environmental Protection Specialist if any significant deficiencies are identified. ** In accordance with Section 3.2 of the SPCC Plan (Environmental Equivalence), inspection for water in the primary tank will be conducted annually and recorded on the STI SP001 Annual Inspection Checklist.													
<b>Comments</b>													